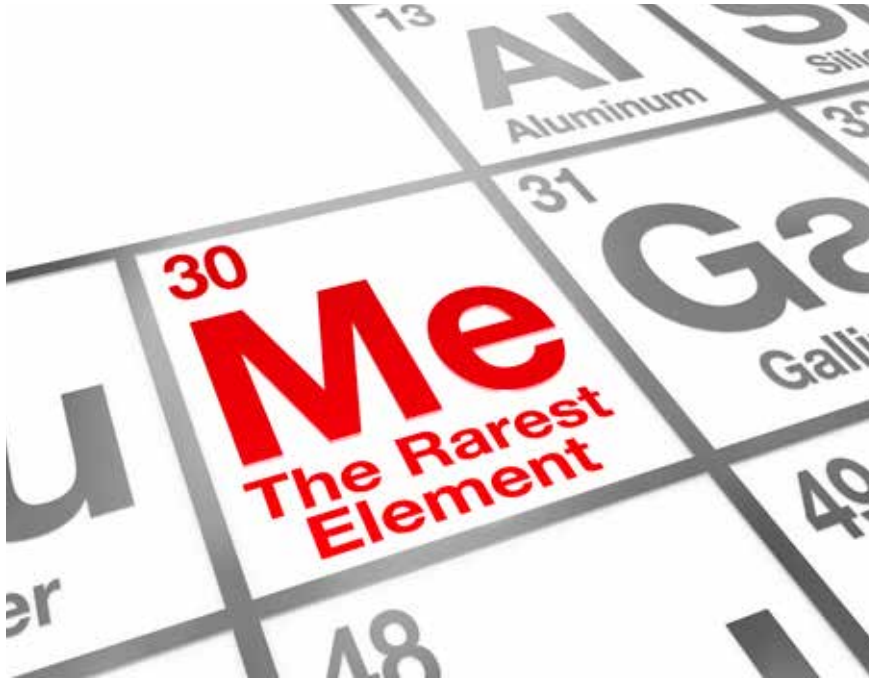


In Defense of The Self

by Michael McGibbon



*“Something we were withholding made us weak
until we found out it was our selves.”*
(Robert Frost, 2001)

Introduction

This article begins by emphasising the significance of the therapist’s use of self in practice. It then proceeds to offer a tentative description of what possible qualities a therapist who is making effective use of self might manifest in practice. Next, is a section which aims to describe the depth of this practice by recounting the self’s rich heritage and charting its emergence as an important variable in practice, outlining its development. The article then proceeds to suggest some approaches that can be used to develop the therapist’s use of self in practice. The article concludes with some reflections on the subject by critiquing the current developments of practice in the UK and Ireland. It is hoped that in the Irish context that we can learn from these developments in the UK, and retain a vibrant, relationally based psychotherapy and counselling sector.

The Significance of the Therapist’s Self in Practice

Both Wosket (1999, 2001) and Baldwin (2013) have highlighted that any therapist who is working from a relational perspective can be assumed to be using specialised aspects of self in their practice. There is also a plethora of research and scholarly works that directly and indirectly substantiates the impact and relevance of the therapist’s use of self in practice (Rowan & Jacobs 2007, Knight 2012, Li & Tottenham 2011). This can also be seen in the extensive reviews of psychotherapy and counselling compiled by Lambert (2004) and Cooper (2008). These reviews reveal similar findings; they

conclude that the common factors which are related to client change in therapy are located in the arena of relational variables. As referenced by Rowan & Jacobs (2007), any therapeutic approach that operates from a relational perspective, whether it is psychodynamic, humanistic or transpersonal the therapist will be using key aspects of self in practice. In this place it is not just the presence of the therapist’s self that generates change, it is the application of the self in a specialized way that catalyses the change process.

Defining The Therapist’s Self In Practice

Borrowing from the integrative frameworks of Rowan & Jacobs (2007) and Kottler (2010), they indicate that the self of therapist, relates to the ability to be in touch with emotions, thoughts, soma and intuitions. In relation to these aspects, the findings from Geller et al., (2005) who have researched the impacts of personal therapy on therapists, suggest that therapists should be willing explore their own past and present biographies, with an honest attempt to illuminate and process their own emotional states. Thus in operating from a place of increased awareness, it is posited that the therapist can use these aspects of self in an uncontaminated manner (Casement 2006, Rogers, 1961).

From the position of awareness, therapists are able to differentiate between their own material and that of their clients. In other words, there is not an enmeshed state in the therapy. If they were, then they would be in a state of constant reactivity to the material of their clients. In contrast to this, where the therapist is engaged in a self-reflective process they will be in a responsive state to their clients’ material (Steadman & Dallos, 2009). In this context, therapists can effectively use their capacities of self in a discerning manner, applying their feelings,

thoughts, experiences and intuitions to guide their interventions in the service of the client.

Charting The Developments of The therapist's Self in Practice

With the inception of psychotherapy at the beginning of the 20th century as a treatment method for mental health, there was for the first time a viable alternative of conceptualising and responding to mental distress (Benthall, 2003). The therapist's use of self has increasingly gained recognition throughout the 20th century as it became accepted as a key variable in the therapeutic process. There has been a considerable amount recent research that also validates its contemporary significance in practice (Schore 2013, Siegel, Castonguay & Beutler 2006).

Present Developments

The most contemporary developments in relation to the significance of the therapist's self are to be found in the areas of neuroscience and quantum physics. In describing these developments an abridged version of these processes is presented here. It is hoped that this will enable the reader to capture some of the nuances of these theories. These theories come with a highly technicalised vocabulary and usually necessitate a prior knowledge of the subject.

Both these areas are demonstrating the significance of the therapist's self through the lenses of modern science (Pyllaken, 2010). These approaches validate many of the qualitative theories previously mentioned. By applying the most up to date technologies, these methodologies are producing data that substantiates the influence of relational variables on mental health. Researchers such as Alann Schore (2012), Dan Siegel (2013), and Arnold Mindell (2004) have applied these findings to the field of psychotherapy and counselling. In doing this they have provided

therapists with an up to date 21st century model in understanding the implications of the therapist's use of self in relation to their clients.

Beginning with the neuroscientific theories and specifically referring to the 'interpersonal neurobiology' theories of Dan Siegel (2013). Siegel's research and work adequately demonstrates the significance of the relational variables into the healthy development of the brain. It has been shown through fMRI imaging that parts of the brain come online at certain times of development. Thus brain growth does not happen in isolation, it is 'experience dependant' on another self, usually that of the primary care giver. In relation to therapeutic practice with adults, this principle can be successfully mapped into the therapeutic dyad between the therapist's and the client's self. Further neuroscientific research compiled by Fonaghy et al., (2004) has demonstrated that there is life long plasticity in the brain, which means that it has the capacity to change. Schore's (2012) summation of brain imaging research has also demonstrated that if the therapist can congruently synchronize their own self in line with their clients self, then neural activity and growth in their clients brains can take place. Amalgamating all these findings together demonstrates empirically the implications for the therapist's effective use of self in practice.

In relation to the area of quantum physics there is also significant findings that demonstrate the nature of connections between the selves of individuals, dyads and groups (Talbot, 1993, Bohm & Hiley, 1993). In this context quantum theorists have been able to demonstrate the connection in relationships by elucidating the entangled nature of matter. This is an area referred to as 'quantum entanglements' (Bell, 1987). It is understood by quantum theorists that matter is made up of energy which contains both particles and waves. Certain schools of

quantum theory have posited that once the particles of matter becomes entangled there is an on-going reciprocal influence between them, even when they separate (Bohm, 1990, Pyllaken, 2010, Radin, 2004, 2007). Relating this to the psychological field, it is posited that thought and consciousness are also forms of matter, albeit in a more subtle form (Dossey, 2011, 2013).

In applying this research to the therapeutic field theorists such as Pyllaken (2010) have advanced that there is a process of entanglement between the therapist and client's selves. Jung (1955) had also indirectly referred to this type of phenomena in the 1950's when he noticed there was a synchronistic connection between his inner self and that of his clients. These manifested in similar dreams, thoughts and physical phenomenon. His theories were developed by Victor Mansfield (2001), in his work titled 'Synchronicity, Science and Soul Making'. Mansfield suggests that this entanglement may take place when the self of the therapist consciously or unconsciously synchronizes to the self of a client. In therapeutic language, this could be described as the process of deep empathic attunement and congruence.

Both these qualitative and quantitative findings over the last century have highlighted the relevance of the therapist's self in practice. By synthesizing all these findings together it is possible to see the complementary nature of each one of them to the other. In doing this there is a semblance of a developing a unified theory, which further substantiates the significance of the therapist's self in practice. In the next section some suggestions are forwarded into how to develop this central therapeutic tool for practice.

Methods for Developing the Therapist's Self

This section looks at two interrelated themes, firstly, the potential benefits

to the therapist in developing the use of self and secondly, what methods can be used to achieve this.

Benefits

The process of facilitating the development of the therapist's use of self for practice can take place through several mediums, and has several benefits to therapists and clients alike. Pertinent research has alluded to the detrimental effects of working without awareness of self in practice (Rothschild, 2006, Perlman, 1995). Studies from neuroscience between therapists and clients have demonstrated that there is a mirror neuron system in operation between their brains (Staemmler, 2012). In this context, there is a simultaneous activation of parts of the therapist's brain with that of their clients. Thus therapists working with clients who display on-going emotional and mental distress are exposed to affect transmissions from their clients (Brennan, 2004). This is particularly notable in the field of trauma work, and Wilson & Thomas's (2004) research on vicarious trauma, has indicated that therapists who are unable to metabolise and process their clients material successfully and let go of it, can suffer from all types of interpersonal and health problems. Therefore developing the self in practice may act as preventer for therapists in the areas of burn out and a whole host of psychosomatic symptoms.

Strategies for Developing the Therapist's Use of Self in Practice

1. Clinical Supervision- This process, if facilitated correctly can assist therapists with the integration and development of a self-reflective capacity into their practice. This reflective capacity should not be concerned solely with the usage of skill, but be used to explore the therapist's thoughts, feelings and intuitions in relation to their clients. The cyclical model developed by Wosket & Page (2001) and also Shohet's model

(2008, 2011) are excellent at helping therapists develop self.

2. Personal therapy- Many therapists have reported this as aiding the growth and use of self as a tool in practice (Geller et al., 2005). The rationale behind this is that it enhances the therapist's self-awareness, and helps to illuminate any blind spots that they may have in practice, thus providing them with insight into their own psychic debris. If unprocessed this debris could be influencing their practice negatively (Casement, 2002). This process also allows therapists to intimately know what it is like to be client.
3. Peer groups- One of the most effective practices is a focused experiential group that integrates clinical material into the process. The model of a co-operative inquiry group developed by John Heron (1996) integrates these processes into its practice. In this group format, therapists are invited to bring case material and explore the material in direct relation to what it activates in themselves. In this group, areas of countertransference, biographical material, defences and parallel processes between themselves and their clients are explored. This can allow therapists to intimately connect with their clients in a deep sense, thus providing an increased awareness of their clients' issues and processes. This type of group has the capacity to be truly transformative for therapists and clients alike. Many participants who engage in this kind of group process report back that it has had a positive impact on their practice (Hazel, 2012).

Applying The Therapist's Use of Self in Practice

In been able to integrate and develop self for practice, it is hoped that therapists will be able to demonstrate a capacity to understand their clients' material from multiple domains. In

achieving this state, the therapist should then empathically weave this material into sessions to assist client growth. In relation to the area of client growth, functioning and change, the renowned psychoanalyst Wilfred Bion (Symington & Symington, 1996) suggested that the therapist should be able to act as a certain kind of 'psychic container' for their clients material. If the therapist can manage this then they can give shape to the client's unintegrated states. Jung metaphorically referred to the therapist in this place as been 'the rainmaker', a metaphor for the therapist who is able to bring growth (rain) to the barren psychic landscape of the client. According to Sabini (2002), the therapist in this place is in a state of Toa, which clinically translates into congruence with self. It is posited that the client's psychic state will come into sync with the Toa state of the therapist. There are also parallels to Winnicott's (1989) view that the client internalises a part of their therapist, and it is this part which gives them hope and faith. These are very skilled methods of working, which demands that therapists explore, grow and apply their use self for practice. If this process is undertaken successfully then the therapist's self has the potential to be a cathartic change agent in practice.

The Decline of The Therapist's Use of Self

This article so far has aimed at highlighting the important function that the therapist's use of self has in practice. It has also highlighted that this has been substantiated by a long history of practice based research, which is now corroborated by the hard sciences. However, paradoxically in the current UK climate this research seems to be conveniently ignored (Samuels & Veale, 2009). Thankfully at present in the Irish context this isn't the case, this is evidenced by the plurality of models offered by the HSE, National Counselling Service in their Primary Care Counselling Initiative (Cullion, 2013). This new initiative

in its present format only offers a limited amount of therapy sessions to medical card holders. However, it contracts this work out to therapists operating from a variety of therapeutic approaches; this therefore gives parity to the relational approaches. Whilst acknowledging the limitations of this initiative, it is symbolically a progressive move. The Irish approach has veered from a wholesale adoption of the UK model for the delivery of therapy at the primary care level. This should be welcomed.

Presently, in the UK context there is a proliferation of reductionist, prescriptive based approaches permeating the public sector delivery of therapy. These are derived from the recommendations of the national institute of clinical excellence (NICE). The concern about the NICE model is that the research base which was used to assess the efficacy of the differing therapeutic approaches is the same model that is used to assess pharmaceutical drugs. These are known as 'random control trials'. As stated by many researchers and reviewers, these reductionist research methods and approaches only take into consideration a limited number of factors pertaining to psychological distress and treatment (Mollon, 2012, Ritz, 2010, Evans, 2012; Guy et al., 2012).

Currently, there is a real risk that the therapist's use of self will soon be a redundant feature as these technical models increase. These types of approaches are removing human agency from the heart of practice. This is exemplified in the growth area of information technology products that are providing therapy via software packages. Soon there mightn't be any need for therapists in practice at all, not mind the use of self. The concern here is not derived out of turf warfare; it regards the nature of how these reductionist models are delivered. They do alleviate symptoms; however the question is by adopting a prescriptive focus, are they really engaging with clients on multiple levels. In Jungian (1969)

terms do these approaches produce a 'psychic change' or as Rogers (1957) stated do they 'produce constructive personality change'.

Clark (2009, 2013) and Samuels (2009) have highlighted that much of the research on these technical models have been conducted at the six months period proceeding from the termination of the therapy. There is few longitudinal research studies conducted on the long term efficacy of these models. However, these models marry well to the current socio economic paradigm, they are easily measured. As stated by Evans (2009), above all else they provide commissioners with delineated statistics and thus bed well into the current servo-control approach that permeates the provision of health care.

Conclusion

This article has presented an argument in defence of the therapist's use of self in practice. It has aimed at highlighting the current trend in health provision, with which therapy is increasingly becoming aligned. This is notable especially in the movements that nation states are making to provide therapy as an alternative and an adjunct to psychotropic medication. It is hoped that the case made in this article has managed to illustrate the importance of retaining the relational models, where the therapist use of self is encouraged.

Throughout this article the UK models are referenced, the rationale for doing this is that in the Irish context, lessons that can be learnt from this process. In Ireland as the move towards registration progresses, it is important that a plurality of relational based counselling & psychotherapy approaches can be retained. These approaches although not easily measured by research tools, such as random control trials, are tried and tested methods of practice. They are built on years of experience and a rich reservoir of practice based

research (Wosket, 1999). In these times of radical change, these approaches involving the therapist's use of self have proven to provide depth, substance and a long lasting resolution to clients suffering from emotional and mental distress.

Long live the self!

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